

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
OFFICE OF THE MEDICAL DIRECTOR

2.4 PARAMETERS FOR THE USE OF TELEPSYCHIATRY

January 2002

I. GENERAL PARAMETERS

A. Physician-Patient Relationship

1. The physician-patient relationship is embedded in an interpersonal framework shaped by language, nonverbal communication, privacy, familiarity, and intellectual, emotional, and physical presence that serves to build trust and ameliorates anxiety.
2. As the telepsychiatric encounter precludes physical presence and may limit nonverbal communication, development of trust and amelioration of anxiety may be more challenging.

B. Language

The telepsychiatrist must speak the language of the patient whenever possible. When not possible, the interpreter must be selected and trained in the same manner as those used in face-to-face treatment.

C. Nonverbal Communication

1. The telecommunication signals linking the patient and the telepsychiatrist must be of the highest available quality, at a minimum resolution as that of commercial television broadcasts.
2. The technology must include a remotely controlled camera that has the capability of imaging the entire form and specific parts of any individual participating in the encounter.

D. Privacy

1. Electronic signals must be transmitted in a secure fashion, and no graphic or audio storage may occur without the explicit consent of the patient through the same means as are used in face-to-face encounters.
2. Additional individuals participating or witnessing the encounter must be actually or virtually present only with the expressed knowledge and consent of the patient.
3. The technology must have the capacity of providing the telecommunication signal of every person participating in or witnessing the encounter.

4. Individuals actually or virtually present in telepsychiatric encounters are bound by the same rules of confidentiality that apply to face-to-face encounters.

E. Familiarity

The telepsychiatrist of record must be available on an ongoing basis to a patient for all scheduled visits, except when precluded by personal, professional, or medical emergencies.

F. Physical Presence

An individual with appropriate clinical training (an LPHA which may include Mental Health Counselor, RN; Psychiatric Social Worker I & II; Clinical Psychologist II; Senior Community Psychologist) must be present or immediately available (e.g., situated outside the office) during psychiatric encounters with patients whom may need the security or reassurance that such presence provides.

G. Consent To Treatment

All consent procedures and consent documentation applicable to face-to-face encounters must be completed for telepsychiatric encounters.

H. Consent for Telepsychiatry

1. Explicit informed consent for telepsychiatry must be obtained and documented.
2. This consent form must explicitly state that the client has been provided with the options of telepsychiatry, face-to-face evaluation by a psychiatrist at a later date and/or at another facility.
3. The consent must clearly indicate that, the client has decided to receive telepsychiatric services rather than the other alternatives.

I. Documentation

1. **General Documentation:** All documentation applicable to face-to-face encounters and telephone calls must be completed for telepsychiatric encounters.
2. **Graphic and Audio Documentation:** All graphical and/or audio storage must be completed only with the expressed consent of the patient or guardian through those procedures already established for audio, video, and photographic records. Specific mention of this medium must appear on any consent form used for this purpose.

J. Location of the Medical Record	Transmission of documentation occurs between facilities in which the patient is being treated and at the facility from which the telepsychiatrist delivers services. The specific components that compromise the appropriately complete medical record must be explicitly specified by agreement between the linked sites.
K. Transmission of Documentation	Transmission of documentation between facilities in which the patient is seen and in which the telepsychiatrist is based must be secure and may be electronic or actual. Copy quality must be sufficient to support photocopy of the transmission. Transmission must occur as quickly as possible, but in no case should be postmarked or date-stamped more than 24 hours after encounter.
L. Treatment Planning and Consultation	<ol style="list-style-type: none"> 1. General: The telepsychiatrist must participate in treatment planning and consultation regarding patients with other members of the treatment team to the same extent as other psychiatrists. 2. Treatment Planning: The psychiatrist must be available face-to-face or via electronic link or for regularly scheduled team treatment planning for patients treated in this manner. 3. Consultation: The telepsychiatrist or another designated psychiatrist must be available for consultation with other members of the treatment team by telephone 24 hours/7days.
M. General Patient Selection Criteria	<ol style="list-style-type: none"> 1. Except for additional criteria necessitated by technologic aspects of electronic linkages, all selection criteria pertaining to face-to-face practice of psychiatry applies to the practice of telepsychiatry. 2. Telepsychiatric selection criteria ensure that the client is assessed for appropriate psychological and physiologic stability, being medically stable, conscious, and not violent.
N. Consent	All patients selected for treatment via telepsychiatry must have given explicit informed consent for telepsychiatry, in addition to any other applicable consent.
O. Physical Restraint	Patients must be free of physical restraints during telepsychiatric encounters.
P. Physiological Stability	<ol style="list-style-type: none"> 1. Patients must have sufficient physiologic stability to safely permit telepsychiatric assessment and treatment in the clinic setting. 2. Physiologic stability will be assessed and documented by both onsite and remote staff.

3. Physiologic stability means that the patient's medical condition is not such that requires medical assessment and services which may not be available on site.
4. After the onsite staff has gathered information, the telepsychiatrist must assess the patient's physiologic stability and document the findings.

Q. Impulse Control

1. Patients must have sufficient self-control to remain safely in a room with telepsychiatric equipment.
2. The patient's impulse control must be assessed by a clinician prior to each telepsychiatric session.
3. An onsite clinician to be present or immediately available in case the client is no longer able to remain safely in the room.

R. Sensory Acuity

Patients must have sufficient sensory acuity to permit meaningful perception of audio/video linkage signals, except in specific situations approved by the DMH medical director or designee.

S. Assessment

1. **Review of Records:** Applicable records from a remote site must be sent in advance of telepsychiatric encounters.
2. **History:** Psychiatric, developmental, social, medical, and substance abuse histories may be obtained during the telepsychiatric encounter.
3. **Mental Status:** Mental status may be obtained via telepsychiatric encounter.
4. **Physical Examination:** A qualified clinician must be available at the treatment site to perform and transmit results of examination for routine vital signs, including heart rate, respiration, standing and sitting blood pressures, and temperature.
5. **Neurological Examination:** A qualified clinician must be available to confirm findings of the neurological exam, as visually performed by the telepsychiatrist, including presence of tremor, ataxia, and other dyskinesias.
6. **Laboratory Examination:** The telepsychiatrist must have access to all laboratory examinations and results necessary for assessment of the patient.

T. Treatment

1. Psychopharmacology:

- a. The telepsychiatrist must ensure that the availability of electronic or physical transmission of prescription to a dispensing pharmacy.
- b. The telepsychiatrist must ensure the availability of electronic or physical transmission of orders and results related to necessary laboratory examination.
- c. Based upon the telepsychiatrist's orders, sample medications available at the clinic where the patient is being seen may be dispensed.
- d. Clinic policies related to storage and dispensation of medication are applicable in such cases.

2. Psychotherapy: The telepsychiatrist must ensure that proper conditions exist for the engagement of the patient and significant others in any form of psychotherapy that is undertaken during the telepsychiatric encounter.

3. Emergency General Medical Treatment: When indicated by results of telepsychiatric medical examination, the clinic must have the capacity to deliver BCLS, to signal for paramedical support, and to transport to a general medical emergency room. This requirement necessitates the presence or immediate availability of a clinician where the patient is being seen.

U. Quality Improvement

1. General Quality Improvement: All quality improvement activities related to psychiatric treatment may be conducted in the same manner for telepsychiatric encounters.

2. Special Quality Improvement: Special quality improvement activities, including process and outcome studies may be conducted to assess specific questions related to the telepsychiatric encounter and situation.

3. Use of Quality Improvement Investigation Results: Results of quality improvement activities may be used to change on an ongoing basis policies and procedures related to telepsychiatric treatment.